

Premium Rates for COBRA and Leave of Absence

2011 - 2012 Plan Year

COBRA and Leave of Absence Rates for the Hospital Medical or VIVA Health Plan	
Single	\$401
Family	\$960

Optional Coverage:		
Cancer	\$38/month	Individual or Family Coverage
Indemnity	\$38/month	Individual or Family Coverage
Dental	\$38/month	Individual Coverage
	\$45/month	Family Coverage
Vision	\$38/month	Individual or Family Coverage

COBRA and Leave of Absence Rates for the Supplemental Medical Plan	
Single or Family	\$159